



Sprint – Free CapTel Phone Application Form¹

RETIRED³ FEDERAL, DOD, MILITARY PERSONNEL AND VETERANS

To qualify for a free CapTel phone², you need to meet/complete **ALL** three requirements:

1. Retired Federal, DOD or Military status AND have a hearing loss
2. Complete this CapTel phone application form and submit with item #3a or #3b to:
Sprint – Federal Relay, Attn: Free CapTel Phone, 401 Ninth Street NW Suite 400, Washington, DC 20004 or Fax 202-585-1841
3. Submit “official” verification of your retirement status.
 - a. **Military Retirees & Veterans** – DDForm 214 (Separation Papers)
To request your DDForm 214 from the National Personnel Records Center, fax a Standard Form 180 (see attached) to (314) 801-9195 or visit them at www.vetreca.archives.gov to make an electronic request. You may also mail to: National Personnel Records Center, Military Personnel Records, 9700 Page Avenue, St. Louis, MO 63132-5100.
 - b. **Civilian Retirees** – SF50 or other official verification of retirement status
To request verification from the Retirement Operations Center, fax a request to the attention of the Correspondence Section at (724) 794-4668 or send your request to PO Box 45, Boyers, PA 16017. **Your request must include:** 1) Full Name, 2) Maiden/Other names used, 3) Social Security Number, 4) Date of Birth, and 5) Signature.

Agency Name*		
Agency Type (circle one)*	Military Civilian Other: _____	
Your Full Name*		
Other Name(s) Used*		
Street Address*		
Town, State, Zip*		
Phone* ()	Fax (optional) ()	Email

* Required

Onset of hearing loss (age)	
Degree of hearing loss (w/o use of assistive technology)	Mild____, Severe____, Severe/Profound____, Profound____ Other_____
Assistive Technology Used	Hearing aid(s)____, Cochlear Implant____, Other_____
(check all that apply)	How are you communicating with hearing individuals on the telephone?
Amplified Phone	Amplified telephone____, (w/ difficulty____, w/ people I know well____)
Relay Service	TTY____, Two-Line VCO____, VCO____, None/NA____, Other_____

¹ This phone is available for Retired Federal, DOD, Military and Veterans only. Application form must be complete in its entirety – qualification will be delayed if not all information is supplied. This application form is for internal use only and will not be distributed nor sold to the public.

² Requires an analog line or analog port

³ Twenty (20) years of service or age, whichever comes first.

For official use only

☐ FX _____
☐ SYS _____

☐ Approved ☐ Declined

Signature _____ Date _____

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT		(For an effective records search, it is important that all service be shown below.)					
		DATES OF SERVICE		CHECK ONE		SERVICE NUMBER DURING THIS PERIOD	
BRANCH OF SERVICE		DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	(If unknown, write "unknown")	
a. ACTIVE SERVICE							
b. RESERVE SERVICE							
c. NATIONAL GUARD							
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?			
NO YES				NO YES			

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. REPORT OF SEPARATION (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) _____

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) _____

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED _____

3. PURPOSE (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS:		3. AUTHORIZATION SIGNATURE REQUIRED (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.	
Military service member or veteran identified in Section I, above		Legal guardian (must submit copy of court appointment)	
Next of kin of deceased veteran _____ (relation)		Other (specify) _____	
2. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 3 on accompanying instructions.)			
Name _____		Signature of requester (Please do not print.) _____	
Street _____ Apt. _____		Date of this request _____ Daytime phone _____	
City _____ State _____ Zip Code _____		Email address _____	